

ANNUAL REPORT

OF THE

Sanitary Condition

OF THE

Hartismere Rural District

For the Year ending December 31st, 1911.

EYE:

A. G. ROPER, PRINTER, CHURCH STREET.

ANNUAL REPORT
OF THE
SANITARY CONDITION
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For the Year ending December 31st, 1911.

TO THE RURAL DISTRICT COUNCIL OF HARTISMERE.

GENTLEMEN,

I beg to present my Annual Report of the Sanitary state of your district for the year 1911 ; and in doing so, it is not my intention to report at any length on certain subjects which were fully dealt with in my reports for 1909 and 1910, the circumstances of which are unchanged, and concerning which no recommendations for immediate or future action are suggested. These subjects include the physical features and general character of the district ; the social conditions including the chief occupations of the inhabitants ; the nature and sources of water supply and the general possibilities of its contamination ; the pollution of rivers and streams ; the systems of sewerage and drainage, and of excrement disposal ; the conditions of the Public

Elementary Schools ; and the special methods adopted in investigating and dealing with acute infectious diseases. In such instances as differences in method or changes of circumstances have arisen report will be made, but in view of the special matters requiring comment this year, the repetition of former reports has been as much as possible avoided.

POOR LAW RELIEF.—There are no available statistics of the amount of Poor Law Relief in your district, inasmuch as the district administered by the Hartismere Board of Guardians includes also the Hoxne Rural and the Eye Urban Districts. There is no Hospital in or near the district, nor any organised form of gratuitous medical relief other than the Poor Law.

CENSUS, 1911.—The population of your district at the Census of 1911 was 11,486, and the number of inhabited houses was 2,742. This compares with a population in 1901 of 11,509, and number of inhabited houses 2,739. The average number of persons to each house is 4·2, the same as at the previous Census. These figures show that the rapid decline in the number of inhabitants of the district which had gone on for many years is checked and that the population is now practically stationary. The birth and death rates and other figures dependent on the Census returns have all been corrected in this Report in accordance with the present population of the district. The area of the district is 49,199 acres.

WATER SUPPLY.—The public wells in the district have been kept under supervision, and it is satisfactory to note that in spite of the phenomenal dryness of the summer, there was not experienced that grievous lack of water which used to occur every year in the early days of the

Public Health Act of 1872, and the Public Health (Water) Act of 1878. This is doubtless due in great measure to the 33 public wells which are maintained by the Sanitary Authority, but to some extent also to the fact that owners of property are required, under the latter Act, to provide a suitable water supply for all new houses, and to a more general recognition by the public of the necessity for an adequate provision of water for drinking and domestic uses. During the year I made analyses of 19 specimens of drinking water, of which 12 are of satisfactory quality, 4 may be characterised as of doubtful quality, while 2 were unfit for drinking and domestic uses. With regard to the two latter classes, the necessary steps have been taken to remedy the faults complained of.

During the year 1 pond and 5 wells have been cleansed, and 5 pumps repaired, which serve as a water supply for 29 houses.

The public supplies of water in the district have been kept under supervision ; 4 ponds and 12 wells and pumps having been cleansed or repaired during the year.

Contracts have been entered into for providing three new public wells.

Certificates under the Public Health (Water) Act, 1878, have been granted for 2 new houses.

NUISANCE REMOVAL AND SYSTEMATIC INSPECTION.—Nuisances are dealt with by the constant and systematic inspection of the district by the Sanitary Inspector. Many are removed at his request, verbally ; in others, after report to your Council, a formal notice is served, and this rarely fails to produce a remedy, and only in one or two cases each year are legal proceedings found to be required.

In the more difficult cases in which the remedy is not obvious, or in which the owner or occupier disputes the necessity of complying with the Inspector's requirements, inspection is also made by the Medical Officer of Health, and in this way both Officers keep themselves constantly informed of the sanitary state of the district. Many of the nuisances reported and remedied are found to recur; in fact it appears that some occupiers never take any steps for the removal of refuse, or for the emptying of middens, or for unstopping blocked drains, until they are reminded of the omission by your Sanitary Officers. The extent and character of the work done during the year is thus summarised in the Sanitary Inspector's report, and this differs but little, either numerically or in the character of the matters dealt with from the reports of previous years :—

- 258 Statutory and
- 258 Verbal Notices have been given for sanitary improvements.
 - 7 New Privies built.
 - 7 Removed from objectionable situations.
- 108 Repaired and cleansed.
- 19 Converted into Pail Closets.
 - 8 New Pail Closets built.
 - 5 New Pails provided for Old Closets.
- 13 Houses provided with new drainage.
- 31 House Drains repaired and trapped.
- 54 Gutters and Cesspools filled up.
 - 7 Dead Wells emptied and cleansed.
- 23 Foul Ditches cleansed.
- 16 Accumulations of manure removed.
 - 8 Dead Wells made.
 - 4 Premises cleansed.
- 20 Cases of overcrowding abated.
 - 4 Cases of swine improperly kept removed.
- 18 Houses fumigated and cleansed after Infectious Diseases.
- 3 Houses cleansed.

The sewage tanks at Mendlesham and Palgrave have been cleansed periodically.

The sewage works in Palgrave, belonging to the Diss Urban Council, have been periodically inspected, and have been working satisfactorily.

BYE-LAWS.—There are no bye-laws as to houses let in lodgings, offensive trades, etc., and there does not appear to be any immediate necessity for such bye-laws. There are but few houses let in lodgings, and the only offensive trade is that of a horse-slaughterer, which is carried on at a distance from any dwelling or high road and is not productive of nuisance. There are no cellar dwellings.

MILK SUPPLY.—*Dairies, Cowsheds and Milk Shops Order, 1885.*—The milk supply of the district is entirely in the hands of farmers, and no milk is imported; on the other hand milk is sent away from the district to London and other towns. All such dairies, &c., which come under the Dairies, Cowsheds and Milk Shops Order, 1885, are registered. There are 10 premises thus registered at the present time, all of which have been regularly inspected and have been found to be fairly well kept. There are no bye-laws in existence for the management of these registered premises, your Council being of opinion that such bye-laws are unnecessary in this district. In several instances sanitary improvements have been satisfactorily carried out.

In addition to these registered premises, milk is sold at many farm houses to workmen on the farm and to near neighbours. Milk shops, apart from dairies do not exist in the district, the milk being retailed directly by the farmer.

There is no special action taken to ascertain by inoculation or otherwise the existence or non-existence of tuberculosis in cattle.

FOODS.—With regard to foods, there is no reason to believe that any foods of an unsound character are exposed for sale in the district, and the places in which foods are prepared, stored or exposed for sale are only subjected to the same systematic inspection as the other houses of the district, with the exception that the bakehouses are specially inspected; and their periodical cleansing and lime-washing secured. The supply of meat in the district is to a large extent from the adjacent towns—there being only three slaughter houses for cattle in the district—these are kept in a cleanly state. Samples of various foods, milk, etc., exposed for sale are from time to time taken by the Police, by direction of the East Suffolk County Council, under the Sale of Food and Drugs Acts. No action has been taken during the past year under section 117 of the Public Health Act, 1875, and no carcasses nor parts of carcasses have been condemned for tuberculosis.

HOUSING, TOWN PLANNING, ETC., ACT, 1909 (Table VII.)—A house to house inspection, under this Act, was commenced in November, 1910, and has been continued throughout this year. Appended to this Report is a Table showing the number of houses inspected to December 31st, 1911; the number reported to your Council as in need of repairs or sanitary improvements; the number of houses repaired; the number considered unfit for human habitation; the number of Closing Orders made; the number of houses repaired and made fit for habitation after a Closing Order had been made; the number of such houses actually closed; and the number

still remaining occupied. The numbers for the entire District are :—

Inhabited houses.	Census 1911	...	...	2742
Inspected	...	...	...	1865
Reported	...	...	...	362
Repaired	...	...	...	215
Unfit for habitation	...	...	...	13
Closing Orders made	...	...	...	8
Repaired after Closing Order	...	...	...	5
Houses closed (closed by owner without Closing Order being made)	...	...	...	1
Houses still occupied after Closing Order has been made	...	...	...	3
Houses overcrowded	...	...	...	50
Overcrowding remedied	...	...	...	20

A review of these numbers shows that approximately two-thirds of the houses in the District have been inspected, and that rather more than one-fifth of those inspected have been in such a condition as to necessitate reports to your Council. The defects found were of a very varied character, and comprised defective foundations, walls broken away, leaking roofs, unsafe chimneys, doors and windows decayed and failing to keep out wind and rain, brick floors damp (from being laid on the undrained soil), and boarded floors decayed and unsafe. Many of these defects have been remedied when attention was called to them by the Inspector ; others are in process of being remedied, whilst a small number will probably require further action on the part of your Council.

This Table shows well the difficulties, or rather the impossibility of carrying out the Act without having recourse to the building of cottage dwellings. There are 13 houses reported as unfit for human habitation, and in 8 of these Closing Orders have been made. Of these 8, 5 have been repaired and rendered fit for habitation, whilst 3 remain still occupied. In 50 cases, overcrowding, as

measured by the standard of 300 cubic feet of air in sleeping rooms for each inmate, was found to exist—but only 20 have been remedied—and some of these are remedied by members of the family going out to sleep, a remedy which is frequently apt to cease to act when it is imagined the Inspector has ceased his vigilance.

The reason why closing orders cannot be enforced, and overcrowding cannot be abated to anything like the extent that should be done, is that to enforce the order means to drive the family either out of the district or into the work-house, or in other words to render the necessary labour for agricultural pursuits unattainable, or to impose a burden on the ratepayers, and the only remedy for this is for the District Council to undertake the erection of suitable cottages. The cottages needed are fairly substantial brick-built cottages—in which the damp-course should not be omitted as has been so frequently the case in the past—and three bedrooms are required for decency as well as for sanitation. Bedroom fireplaces, pail closets, and suitable drainage are necessary, and each cottage could advantageously have a quarter acre of garden ground. If these cottages were built in pairs, semi-detached, and their sites were fixed as far as possible where existing public wells are available for their water supply, the cost need not be prohibitive, probably less than £175 for each cottage, and these rented at from £5 to £6 per annum would not impose a heavy burden on the rates; whilst they would tend to lower rates by keeping the able-bodied out of the work-house, and would also tend to keep the agricultural labourer to the land and further check the diminishing population of rural districts. A rough estimate of the number required may be found in the figures given: 13 houses unfit for habitation and 50 overcrowded out of the two-thirds

inspected, the remaining one-third would probably yield similar figures, so that 20 houses would be required to replace those unfit for habitation and 75 to remedy the overcrowding found to exist. The house accommodation in the district is probably numerically sufficient, there being an average of $4\frac{1}{2}$ persons to each house ; but as has been seen many of the houses are sadly out of repair. There is a distinct lack of houses fitted for large families, overcrowding is frequent, and what I may term moral overcrowding, *i.e.*, only one or two sleeping rooms for adults and children of both sexes is more frequent still.

In connection with this Act, the Inspector has given 406 statutory and 90 verbal notices with the result that :—

- 3 New Privies have been built.
- 1 Removed from objectionable situation.
- 49 Repaired and cleansed.
- 3 Converted into Pail Closets.
- 3 New Pails provided for old Closets.
- 6 Houses provided with New Drainage.
- 10 House Drains repaired and trapped.
- 24 Cesspools or Gutters filled up.
- 1 Dead Well emptied and cleansed.
- 4 Accumulations of Manure removed.
- 1 Dead Well made.
- 2 Rain Water Tanks provided with New Covers.
- 1 Framework of Well repaired.
- 1 Pond used as a supply of drinking water provided with a Rail and New Steps, and
- 215 Houses repaired.

The figures relate only to the Inspection made under the Housing and Town Planning Act, 1909, and are in addition to the figures given as the result of the ordinary systematic inspection of the district.

FACTORY AND WORKSHOPS ACT, 1901 (Table VI).—The Register of Factories and Workshops contains this year 127 entries, which may be classified as follows:—

Factories—20	{	Steam & Wind Mills for grinding corn, &c.	19
		Sewage Farm	1
		Smiths	33
		Carpenters	6
		Wheelwrights	6
		Wheelwrights and Carpenters ...	5
		Builders	6
		Builders and Wheelwrights ...	4
		Plumbers and Painters ...	3
		Coachbuilders	3
Workshops—107	{	Brickmaker	1
		Harness Makers	4
		Dressmakers	6
		Bootmakers... ..	4
		Tailor	1
		Basket Makers	2
		Brushmaker	1
		Cycle Repairers	3
		Retail Bakehouses	19
			<hr/> 127

There is no underground bakehouse in the district, nor are there any places registered as workplaces.

These workshops have been regularly inspected, 234 visits having been made during 1911. They are satisfactorily kept, and all the bakehouses have been cleansed and limewashed.

Homework does not appear to exist in the district, hence there is no report to be made under this heading.

Section 22 of the Public Health Acts (Amendment) Acts, 1890, is not in force in the district.

Almost all the workshops are small, and only employ 2 or 3 workers, and the sanitary arrangements required are left to the discretion of the Sanitary Officers—all the circumstances of the case being taken into consideration. There are no workshops which employ workers of both sexes, except in some retail bakehouses where the wife or daughter of the proprietor superintends or assists in the making of bread.

ACUTE INFECTIOUS DISEASES.—The number of cases notified under the Infectious Diseases (Notification) Act, 1889 (Table II.), was 33, and included :—

- 1 Case of Cholera (English).
- 10 Cases of Scarlet Fever.
- 4 Cases of Diphtheria.
- 1 Case of Enteric Fever.
- 10 Cases of Erysipelas.
- 7 Cases of Cerebro-Spinal Meningitis and Infantile Paralysis.

The results of the investigation made into these cases are shown in Table V. The number of infectious cases occurring in your district shows a satisfactory decrease—as is evidenced by the following analysis of the number of notifications received and cases ascertained by your Sanitary Officers; though the year 1911 is considerably in excess of 1910.

	Scarlet Fever.	Diphtheria.	Erysipelas.	Enteric (Typhoid) Fever.	Puerperal Fever.
Average of 5 years 1890-94	71·8	15·8	19·0	6·0	2·0
“ “ 1895-99	41·8	7·4	23·2	1·6	1·6
“ “ 1900-04	30·6	5·6	11·6	·8	·8
“ “ 1905-09	28·0	3·4	8·8	·6	·2
Year 1910	7·0	1·0	4·0	1·0	—
“ 1911	10·0	4·0	10·0	1·0	—

Scarlet Fever.—There were isolated outbreaks of Scarlet Fever occurring in the district at intervals from

March to September, but the disease did not assume an epidemic form. As so generally happens it proved impossible to account for several of these cases; but in one case there was evidence of the disease being imported from London, and in two parishes the disease probably spread by school infection from previous unrecognised cases.

Diphtheria.—Two outbreaks of Diphtheria occurred—in the one case the sufferer was a boy who came into the district from Kent fourteen days before the commencement of his illness, and was seen drinking water from a foul ditch after his arrival.

In the second outbreak, two houses were affected, three cases occurred and two of these proved fatal. Previous to this outbreak a considerable number of cases of sore throat had occurred in the parish. In the first house affected, swine were kept near the house; and the second house was clearly infected by direct contact with the previous sufferers, the result of gross carelessness in spite of repeated warnings.

The diagnosis of Diphtheria was verified in both outbreaks by bacteriological examinations.

Enteric (Typhoid) Fever.—This case was associated with an unsatisfactory water supply and some small sanitary defects on the premises; these matters were remedied. This case was verified by the Widal test.

Cholera (English).—One rapidly fatal case occurred in August—a foul cesspool was found on the premises and a shed in which flesh was boiled up for fowls, &c., was in a very insanitary state.

Cerebro-Spinal Meningitis and Infantile Paralysis.—An outbreak of these diseases—five being notified as

Cerebro-Spinal Meningitis and two as Infantile Paralysis—occurred from September to November, scattered about the district, in six houses in five parishes, not adjacent to each other. In only one house did more than one case occur. These cases coincided with outbreaks in other parts of Suffolk, and in four instances indirect contact with sufferers by means of a possible carrier was found, but no direct contact could be traced. One case only was fatal, and this died of Pneumonia, after apparent convalescence.

These diseases are now made notifiable in this district, for a limited period, and in my opinion should be made permanently notifiable.

Of the other Infectious Diseases which are not notifiable, *Whooping Cough* prevailed somewhat extensively throughout the district and caused six deaths, and three deaths were certified as due to *Influenza*.

ISOLATION HOSPITAL.—There is no Isolation Hospital available for the district. In my opinion, the provision of an Isolation Hospital is desirable, but it would be better if provided for a combination of sanitary districts rather than a separate Hospital for each district. My reason for this opinion is that a Hospital for a small area is not economical in working—to be efficient it must be in constant readiness, and therefore must have a permanent staff, and it should be capable of receiving and isolating not only male and female patients, but simultaneously sufferers from more than one infectious disease. In a small area such a Hospital would have frequent intervals of disuse, whilst for a larger area it would be almost constantly in requisition. There are numerous cases of Scarlet Fever and Diphtheria occurring in circumstances where any form of isolation is impracticable, occurring in business houses to which the public must have access—or in houses, such as milk shops and laundries,

where the presence of infectious disease is fraught with danger to the public. In all such cases as these an Isolation Hospital would be invaluable—and in addition one must not lose sight of the possible, or rather the probable, occurrence of Small-Pox, with an unvaccinated population rapidly rising up amongst us in consequence of recent legislation. The following figures for the years 1907 to 1910, kindly supplied to me by the Vaccination Officers, testify to the rapid growth of the “conscientious objector” :—

				Children vaccinated.		Exemptions.
1907	...	...	...	257	...	4
1908	...	...	...	241	...	36
1909	...	...	...	211	...	59
1910	...	...	...	194	...	86

The figures for 1911 are not yet completed, but they show a still increasing number of exemptions, and these exemptions are likely to increase until action is taken by that most efficient of all Vaccination Officers, an outbreak of Small-Pox.

TUBERCULOSIS.—The number of cases of pulmonary tuberculosis notified during 1911 was three only, but in future under the Public Health (Tuberculosis) Regulations, Nov. 15th, 1911, the notification of pulmonary tuberculosis will be more complete.

On receipt of a notification, printed instructions are sent advising disinfection and destruction of sputa, &c.; and in case of death or removal the house is fumigated with formaldehyde. There is no accommodation for such cases in infirmaries or elsewhere, except at their own homes; and there is no dispensary provided.

There were seven deaths from pulmonary tuberculosis, and one from other tuberculous diseases in the district during 1911.

I have appended to this report a chart which originally appeared in my report for 1906, but now brought up to date and showing the number of deaths annually from Phthisis (pulmonary tuberculosis), other tubercular diseases and Cancer during the last 33 years, from which some interesting details may be gathered.

Speaking generally, the death rate from *Phthisis* has markedly diminished throughout England and Wales during recent years—a diminution which is almost certainly due to the improved sanitation of the nation, especially to the diminution of overcrowding, the greater attention given to the proper ventilation of houses, factories, business premises, offices and schools, the provision of open spaces in large, densely-populated towns, the improvement in the methods of treating the disease, and the recognition of the fact that phthisis is distinctly communicable from one person to another and from cattle to man. It cannot be too strongly insisted that the expectoration of those suffering from phthisis is a definite source of danger, and that all means of destroying this, by disinfection or by burning, tend to diminish the risk to those who are in any way brought into contact with the sufferers. This expectoration should always be received in vessels containing suitable disinfectants, and handkerchiefs used by the victims of this disease should be of such inexpensive material that they can be burnt instead of being sent to the laundry; and the notices now so frequently seen in railway carriages and omnibuses should not be disregarded. A glance at the chart, which shows the actual number of deaths annually, or the study of the following table, which shows the *annual* death-rate per 1,000 population from phthisis, taken in periods of four years, and compared with the corresponding figures for England and Wales, from the Registrar General's Reports, demonstrates the

fact that the death-rate has diminished in your district from 1.54 to .74 per 1,000, *i.e.* 48 per cent.

YEARS.	Annual rate per 1,000 Population	
	In Hartismere Rural District.	In England and Wales.
1879-82	1.54	1.89
1883-86	1.28	1.78
1887-90	1.34	1.61
1891-94	1.22	1.48
1895-98 .....	.93	1.34
1899-1902 .....	.73	1.29
1903-06 .....	.92	1.22
1907-10 .....	.74	—

The death-rate from *Tubercular Diseases of other organs than the Lungs* dose not show the same rate of decrease either in this district or in the entire country as in the case of phthisis. Still, a decrease of over 30 per cent. is also visible here, and the total rate in your district is satisfactorily below the average rate of England and Wales. This is also shown on the chart and by the figures in the following table:—

YEARS.	Annual rate per 1,000 Population	
	In Hartismere Rural District.	In England and Wales.
1879-82 .....	.41	.70
1883-86 .....	.49	.75
1887-90 .....	.42	.68
1891-94 .....	.36	.66
1895-98 .....	.41	.61
1899-1902 .....	.58	.55
1903-06 .....	.26	.54
1907-10 .....	.13	—

The death-rate from *Cancer* unfortunately tells a different tale both in England and Wales and in the Hartismere District. It shows a decided increase, and this increase is probably not due to one cause but to

several, some of which are at present imperfectly understood. This, too, is shown in the chart (marked in red) and in the following table:—

YEARS.	Annual rate per 1,000 Population.	
	In Hartismere Rural District.	In England and Wales.
1879-82	·57	·56
1883-86	·55	·52
1887-90	·89	·64
1891-94	·69	·70
1895-98	·89	·77
1899-1902	1·12	·84
1903-06	1·10	·87
1907-10	1·15	—

The increase here shown is to some extent more apparent than real, for there is no doubt of the fact that many cases of internal cancer, which it was impossible to recognise 20 or 30 years ago, are now recognised and referred to their proper place in the death roll. This, however, is not sufficient to account for the entire increase. Another cause for increase is that cancer is a disease mainly of advanced life (of the sixties and seventies), and that owing to the increased care of infant life, to the diminution of deaths at earlier ages from infectious diseases and from phthisis, a larger proportion of the population attain to the age which is specially prone to the ravages of cancer. Still, with all due allowance for these two causes, it is to be feared that a real and steady increase in this disease has to be recorded.

BIRTHS (Table I).—246 births were registered in your district during the year, being at the rate of 21·4 per 1,000 of the population, the rates in former years being:—

				1910	...	21·9
Average of 10 years	...			1900-9	...	22·3
„	10	„	...	1890-9	...	26·5
„	10	„	...	1880-9	...	31·9
„	10	„	...	1870-9	...	31·2

The marked diminution in the birth-rate is partly due to the fact that so many of the younger adults leave the district in search of work, but is also partly due to causes affecting the whole community, as evidenced by the reports of the Registrar General.

The birth-rate for rural districts in England and Wales amounted in 1911 to 23·4 per 1,000 population, that for your district being about $8\frac{1}{2}$ per cent. lower than that of similar districts.

DEATHS (Table I.)—After correcting the registered number of deaths by the addition of the deaths of residents not registered in the District and the omission of the deaths of non-residents registered in the district, the number of deaths was 158, the death-rate being 13·7 per 1,000. The rates in former years were :—

			1910	...	11·8
Average of 10 years	...	1900-9	...	...	13·8
„	10	...	1890-9	...	16 2
„	10	..	1880-9	...	15·8
„	10	...	1870-9	...	18·0

The corresponding rate in country districts in England and Wales is reported by the Registrar General as being 13·9 per 1,000 in 1911.

INFANTILE MORTALITY (Tables I. and IV.)—The number of deaths under one year of age occurring in your district was 17, being at the rate of 69 per 1,000 births registered. This is decidedly below the average of the last 5 years. The corresponding rate in rural districts in England and Wales in 1911 was 118 per 1,000 births.

Of the 246 births registered in your district, 224 were legitimate, and amongst these the deaths under one year were 13, being at the rate of 58 per 1,000 births, whilst 22

were illegitimate, and amongst them 4 died under one year, being at the rate of 182 per 1,000 births.

The Notification of Births Act, 1907, has not been adopted in the district.

CLOSING OF PUBLIC ELEMENTARY SCHOOLS.—The following Public Elementary Schools have been closed during the year on account of the presence of Infectious Diseases, viz. :—

GISLINGHAM, from January 24th to February 20th, on account of Measles. By order of School Medical Officer.

WESTHORPE, from March 20th to April 3rd, on account of Ringworm, Chicken-pox, Whooping Cough and Scarlet Fever. By order of School Medical Officer.

RICKINGHALL, in May, on account of Whooping Cough. By order of School Medical Officer.

GISLINGHAM, from May 29th, for three weeks, on account of Whooping Cough. On recommendation of Medical Officer of Health.

REDGRAVE, from June 12th to July 17th, on account of Whooping Cough. On recommendation of Medical Officer of Health.

BURGATE, from June 25th to July 31st, on account of Whooping Cough. On recommendation of Medical Officer of Health.

COTTON, from July 10th to July 31st, on account of Measles and Mumps. By order of School Medical Officer.

WYVERSTONE, from July 19th, for three weeks, on account of Whooping Cough. On recommendation of Medical Officer of Health.

WORTHAM LONG GREEN, from July 19th, for three weeks, on account of Whooping Cough and Measles. On recommendation of Medical Officer of Health.

WORTHAM LING, from July 21st, for three weeks, on account of Whooping Cough. On recommendation of Medical Officer of Health.

In all cases the Schools were fumigated with formaldehyde and cleaned before being re-opened.

Arrangements have been made between the School Medical Officer of the East Suffolk County Council and the Medical Officer of Health for the interchange of information

concerning Infectious Diseases in Schools, and for promoting harmonious working and prevention of overlapping in their respective duties.

RAT PLAGUE.—In the early part of the year some 500 rats from your district were sent to the Local Government Board Laboratory at Ipswich for examination. The results showed that the disease had not then extended to this part of the county.

LEGAL PROCEEDINGS have not been necessary in any case during the year 1911.

The duties of the Inspector of Nuisances have, in my opinion, been satisfactorily carried out.

I am, Gentlemen,

Your obedient Servant,

EDGAR G. BARNES, M.D., Lond.,

Medical Officer of Health.

Eye, February 26th, 1912.

TABLES

Appended to the Annual Report of the Medical Officer
of Health for the year 1911.

TABLE I.
HARTSMERE RURAL DISTRICT.
VITAL STATISTICS OF WHOLE DISTRICT DURING 1911 AND PREVIOUS YEARS.

Year.	Population estimated to Middle of each Year.	Births.		Total Deaths Registered in the District.		Transferable Deaths.		Nett Deaths Belonging to the District.				
		Nett.		Number.	Rate.	Of Non- residents in the District.	Of Resi- dents not registered in the District.	Under 1 Year of Age.		At all Ages.		
		Un- corrected Number.	Rate.					Number.	Rate per 1,000 Nett Births.	Number.	Rate.	
1	2	3	4	5	6	7	8	9	10	11	12	13
1906.	11498	242	—	21·0	146	12·7	—	15	29	119	161	14·0
1907.	11495	233	—	20·3	131	11·4	—	12	15	64	143	12·4
1908.	11492	245	—	21·3	128	11·1	—	18	10	40	146	12·7
1909.	11490	240	—	20·9	148	12·9	—	18	20	83	166	14·4
1910.	11488	252	—	21·9	122	10·6	—	13	20	79	135	11·8
1911.	11486	241	246	21·4	134	11·6	1	25	17	69	156	13·7

Area of District in acres (exclusive of area covered by water), 49,199.

Total population at all ages, 11,486.
 Number of inhabited houses, 2,742.
 Average number of persons per house, 4·2.

} At Census of 1911.

TABLE II.

HARTISMERE RURAL DISTRICT.
Cases of Infectious Diseases notified during the Year 1911.

NOTIFIABLE DISEASE	CASES NOTIFIED IN WHOLE DISTRICT.								TOTAL CASES REMOVED TO HOSPITAL.
	At all Ages.	At Ages—Years.						65 and upwards.	
		Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 45.	45 to 65.		
Small-pox	—	—	—	—	—	—	—	—	—
Cholera	1	—	—	—	—	—	—	1	—
Diphtheria (including Mem- branous croup)	4	2	1	—	—	—	—	—	—
Erysipelas	10	—	—	—	—	—	5	4	—
Scarlet fever	10	2	7	1	—	—	—	—	—
Typhus fever	1	—	—	—	—	—	—	—	—
Enteric fever	—	—	—	1	—	—	—	—	—
Relapsing fever	—	—	—	—	—	—	—	—	—
Continued fever	—	—	—	—	—	—	—	—	—
Puerperal fever	—	—	—	—	—	—	—	—	—
Plague	—	—	—	—	—	—	—	—	—
Under Tuberculosis Regulations, 1908	1	—	—	—	1	—	—	—	—
Phthisis { Under Tuberculosis Regulations, 1911	2	—	—	2	—	—	—	—	—
Others	—	—	—	—	—	—	—	—	—
Cerebro Spinal Fever	7	3	3	—	—	—	—	—	—
Totals	36	7	11	4	2	5	5	—	—

There is no Isolation Hospital in the District.

TABLE III. HARTISMERE RURAL DISTRICT.
Causes of, and Ages at, Death during Year 1911.

CAUSES OF DEATH.		Nett Deaths at the subjoined ages of "Residents" whether occurring within or without the District.									Total Deaths whether of "Residents" or "Non-Residents" in Institutions in the District.
		All Ages.	Under 1 year.	1 and under 2 years.	2 and under 5 years.	5 and under 15 years.	15 and under 25 years.	25 and under 45 years.	45 and under 65 years.	65 and upwards.	
1		2	3	4	5	6	7	8	9	10	11
All causes	Certified..	155	16	3	3	2	9	16	26	80	—
	Uncertified	3	1	1	—	—	—	—	—	1	—
Enteric Fever		1	—	—	—	—	1	—	—	—	—
Small Pox		—	—	—	—	—	—	—	—	—	—
Measles		—	—	—	—	—	—	—	—	—	—
Scarlet fever		—	—	—	—	—	—	—	—	—	—
Whooping-cough		6	4	2	—	—	—	—	—	—	—
Diphtheria and croup ..		2	1	—	1	—	—	—	—	—	—
Influenza		3	—	—	—	—	—	1	1	1	—
Erysipelas		3	—	—	—	1	—	1	—	1	—
Cerebro-Spinal Fever ..		—	—	—	—	—	—	—	—	—	—
Phthisis (Pulmonary Tuberculosis)		7	—	—	—	—	3	1	2	1	—
Tuberculous Meningitis ..		—	—	—	—	—	—	—	—	—	—
Other tubercular diseases ..		1	—	—	—	—	—	1	—	—	—
Rheumatic Fever		—	—	—	—	—	—	—	—	—	—
Cancer, malignant disease ..		10	—	—	—	—	1	—	3	6	—
Bronchitis		6	—	—	—	1	—	—	—	5	—
Broncho-Pneumonia		4	1	1	1	—	—	—	—	1	—
Pneumonia (all other forms)		6	2	1	—	—	1	—	2	—	—
Other diseases of Respiratory organs ..		—	—	—	—	—	—	—	—	—	—
Diarrhoea and Enteritis ..		4	—	—	—	—	—	—	1	3	—
Appendicitis & Typhlitis ..		—	—	—	—	—	—	—	—	—	—
Alcoholism		—	—	—	—	—	—	—	—	—	—
Cirrhosis of liver		—	—	—	—	—	—	—	—	—	—
Nephritis and Bright's Disease		7	—	—	—	—	1	2	2	2	—
Puerperal Fever		—	—	—	—	—	—	—	—	—	—
Other accidents and Diseases of Pregnancy and Parturition ..		3	—	—	—	—	—	3	—	—	—
Congenital Debility and Malformation, including Premature Birth ..		6	6	—	—	—	—	—	—	—	—
Violent Deaths, excluding Suicide		4	1	—	—	—	—	—	2	1	—
Suicides		5	—	—	—	—	—	2	3	—	—
Other Defined Diseases ..		80	2	—	1	—	2	5	10	60	—
Diseases ill-defined or unknown		—	—	—	—	—	—	—	—	—	—
		158	17	4	3	2	9	16	26	81	—

TABLE IV.

HARTISMERE RURAL DISTRICT.

INFANT MORTALITY.

1911. Nett Deaths from stated Causes at various Ages under One Year of Age.

CAUSE OF DEATH.			Under 1 week.	1-2 weeks.	2-3 weeks.	3-4 weeks.	Total under 1 month.	1-3 months.	3-6 months.	6-9 months.	9-12 months.	Total Deaths under 1 year.
All Causes	Certified	...	5	...	...	...	5	3	3	2	3	16
	Uncertified	..	...	...	...	...	...	1	...	...	...	1
{	Small-pox	...	...	...	...	...	...	...	...	...	...	...
	Chicken-pox	...	...	...	...	...	...	...	...	...	...	...
	Measles	...	...	...	...	...	...	...	...	...	...	...
	Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...
	Diphtheria and Croup	..	...	...	...	...	...	1	...	...	...	1
	Whooping Cough	...	...	...	...	...	...	1	...	1	2	4
	Diarrhoea	...	...	...	...	...	...	...	...	...	...	...
	Enteritis	...	...	...	...	...	...	...	...	...	...	...
	Tuberculous Meningitis	...	...	...	...	...	...	...	...	...	...	...
	Abdominal Tuberculosis	...	...	...	...	...	...	...	...	...	...	...
	Other Tuberculous Diseases	...	...	...	...	...	...	...	...	...	...	...
	Congenital Malformations	...	1	...	...	...	1	...	...	...	...	1
	Premature Birth	...	2	...	...	...	2	...	...	...	...	2
	Atrophy, Debility, and Marasmus	...	2	...	...	...	2	1	...	...	...	3
	Atelectasis	...	...	...	...	...	...	...	...	...	...	...
	Injury at Birth	...	...	...	...	...	...	...	...	...	...	...
	Erysipelas	...	...	...	...	...	...	...	...	...	...	...
	Syphilis	...	...	...	...	...	...	...	...	...	...	...
	Rickets	...	...	...	...	...	...	...	...	...	...	...
	Meningitis (not Tuberculous)	...	...	...	...	...	...	...	1	...	...	1
	Convulsions	...	...	...	...	...	...	...	1	...	...	1
	Gastritis	...	...	...	...	...	...	...	...	...	...	...
	Laryngitis	...	...	...	...	...	...	...	...	...	...	...
	Bronchitis	...	...	...	...	...	...	...	...	...	...	...
	Pneumonia (all forms)	...	...	...	...	...	...	1	...	1	1	3
	Suffocation, overlying	...	...	...	...	...	...	...	...	...	...	...
	Other causes	...	...	...	...	...	...	...	1	...	...	1
			5	...	...	...	5	4	3	2	3	17

Nett Births in the year: legitimate, 224; illegitimate, 22.

Nett Deaths in the year of legitimate infants, 13; of illegitimate infants, 4.

In recording the facts under the various headings of Tables I., II., III. and IV., attention has been given to the notes on the Tables.

EDGAR G. BARNES, M.D., *Medical Officer of Health.*

TABLE V.

HARTSMERE RURAL SANITARY DISTRICT.

Table showing particulars of *Outbreaks of Infectious Diseases* investigated during the year 1911.

Date.	Disease.	Locality.	Origin of Outbreak, Sanitary Defects, &c.	Houses affected.	Persons attacked.	Deaths.
March	Scarlet Fever	Westhorpe	Origin not traced	1	1	—
June to November	"	Wetheringsett	{ First case contracted in London—the later cases have probably arisen by school infection from intermediate unrecognised cases	3	4	—
July and September	"	Cotton and Bacton	Origin not traced	2	4	—
December	"	Occold	{ Probable infection from unrecognised cases from adjacent parish attending school	1	1	—
February	Enteric Fever	Thornham Magna	{ Water supply unsatisfactory. Well cleansed and small sanitary defects remedied	7	10	—
March	Diphtheria	Braiseworth	{ Sufferer came into district from Kent fourteen days before illness commenced. He was seen drinking water from a foul ditch after his arrival	1	1	—
October and November	"	Mendlesham	{ In first case—water satisfactory, swine kept near dwelling. The second house was infected by direct contact with the sufferers in the first house, in spite of repeated warnings. This case proved fatal	2	3	2
August	English Cholera	Thorndon	{ Water satisfactory—a foul cesspool on premises, and a shed in which flesh was boiled for fowls, etc., was in a very insanitary state	3	4	2
September to November	Cerebro-Spinal Meningitis and Infantile Paralysis	Botesdale, Thwaite, Thrandeston, Mendlesham and Burgate	{ Five of these cases were notified as Cerebro-Spinal Meningitis and two as Infantile Paralysis. These cases coincided with outbreaks in other parts of Suffolk, especially in the Stow-market District. Indirect contact with previous cases was ascertained in four cases, but no direct contact could be traced. The Thrandeston cases were marked examples of the disease being communicated by an apparently healthy carrier. One case died of Pneumonia during apparent convalescence ...	1	1	1
				6	7	1

TABLE VI. FACTORIES, WORKSHOPS, LAUNDRIES, WORKPLACES & HOMEWORK, 1911.
1.—INSPECTION.

Including Inspections made by Sanitary Inspector.

Premises.	Number of		
	Inspections.	Written Notices.	Prosecutions.
Factories (including Factory Laundries) ..	12	0	0
Workshops (including Workshop Laundries) ..	222	24	0
Workplaces ..	0	0	0
Homeworkers' Premises ..	0	0	0
Total ..	234	24	0

2.—DEFECTS FOUND.

Nuisances under the Public Health Acts :—

Want of Cleanliness 26 found, 26 remedied.

3.—OTHER MATTERS.

Matters Notified to H.M. Inspector of Factories :—

Failure to Affix Abstract of the Factory and Workshop Act (s. 133)

Underground Bakehouse 1
Homework 0
Homework 0

Workshops on Register at end of 1911 :—

Factories—Steam Mills 19
Sewage Farm 1
Workshops—Smiths 33

Builders, Carpenters, Painters, &c.

Coachbuilders and Cycle Repairers 30
Harness Makers 6
Brick Maker 4

Basket Makers and Brush Makers 1

Dressmakers, Tailors, Bootmakers 11
Retail Bakehouses 19

Total 127

TABLE VII.
HOUSING AND TOWN PLANNING ACT, 1909.
REPORT OF HOUSE TO HOUSE INSPECTION.

PARISH.	Houses Inspected.	Houses Reported to Council as Defective.	Houses Repaired.	Houses Unfit for Habitation	Closing Orders made.	Repaired after Closing Order.	Houses Closed.	Still Occupied after Closing Order.
Aspall ...	...	...	...	...	...	...	...	...
Bacton ...	123	22	17	5	5	4	...	1
Botesdale ...	92	17	9	...	...	...	...	...
Braiesworth ...	27	4	3	...	...	...	...	...
Brome ...	47	22	8	...	...	...	...	...
Burgate ...	6	...	...	...	...	...	...	...
Cotton ...	93	6	5	1	...	...	...	...
Finningham... ..	72	16	2	2	...	...	...	...
Gislingham ...	110	28	10	...	...	...	...	...
Mellis ...	3	3	3	...	...	...	...	...
Mendlesham ...	195	27	18	...	...	...	...	...
Oakley ...	2	...	...	...	...	...	...	...
Occold ...	16	6	4	...	...	...	...	...
Palgrave ...	122	25	16	...	...	...	...	...
Redgrave ...	121	18	13	1	...	...	1	...
Redlingfield... ..	34	17	5	...	...	...	...	...
Rickingham Superior	101	29	21	1	1	1	...	...
Rishangles ...	36	9	5	...	...	...	...	...
Stoke Ash ...	...	...	...	...	...	...	...	...
Stuston ...	31	10	9	1	1	...	...	1
Thorndon ...	109	14	2	...	...	...	...	...
Thornham Magna	...	...	...	...	...	...	...	...
Thornham Parva	26	5	5	...	...	...	...	...
Thwaite ...	...	...	...	...	...	...	...	...
Thrandeston	...	3	...	...	...	...	...	...
Westhorpe ...	4	...	1	...	...	...	...	...
Wetheringsett-cum-Brockford...	2	...	...	...	...	...	...	...
Wickham Skeith	175	40	35	1	1	...	...	1
Worham ...	80	11	10	...	...	...	...	...
Wyverstone ...	146	24	8	1	...	...	...	...
Yaxley ...	...	...	...	...	...	...	...	...
...	92	6	6	...	...	...	...	...
	1865	362	215	13	8	5	1	3

HARTISMERE RURAL DISTRICT.

Chart shewing No. of Deaths in each year, from 1879 to 1911, from Phthisis, other Tubercular Diseases, and Cancer.

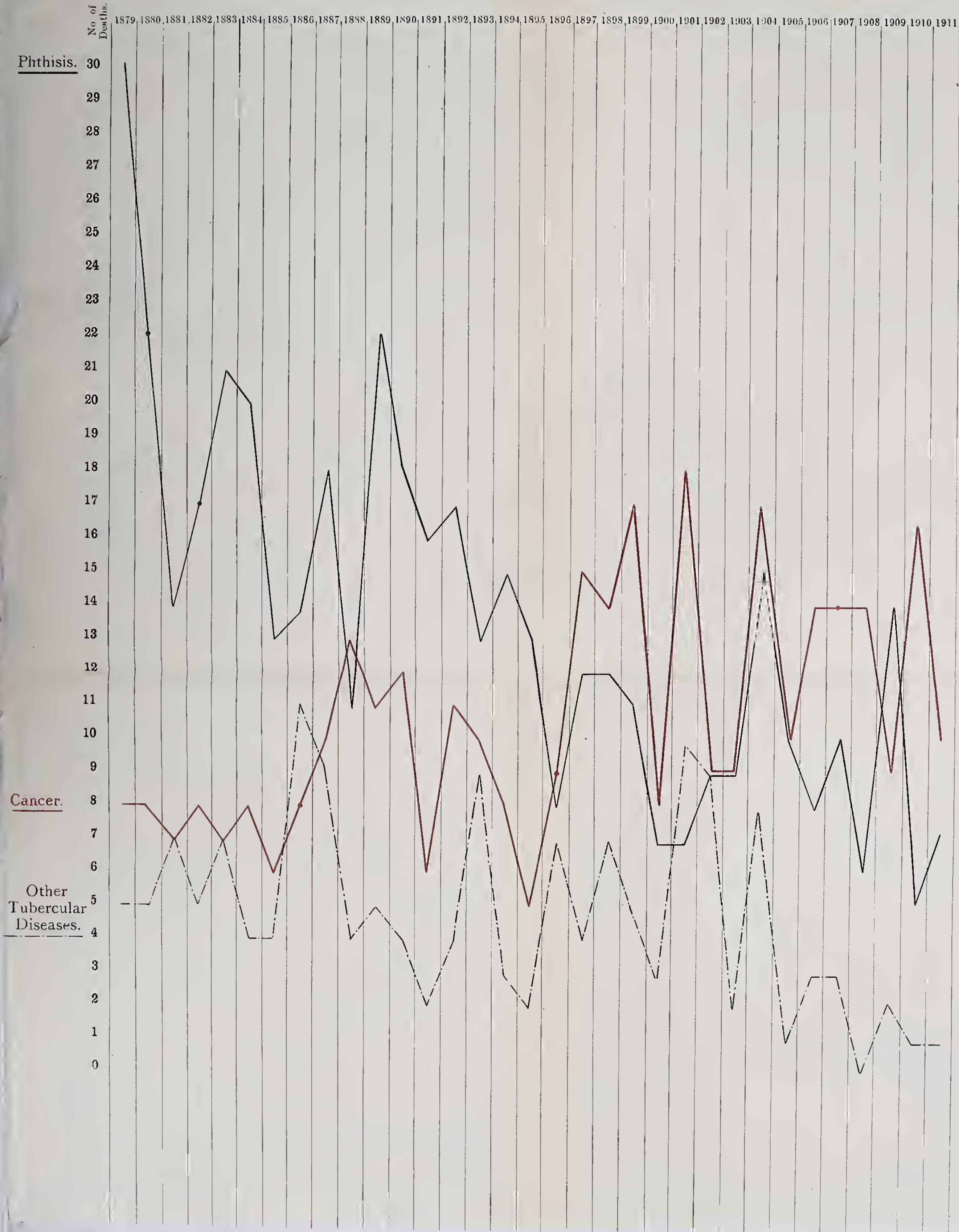


Chart showing No. of Deaths in 1944
Other Tabulars

